

SAN ANTONIO REGIONAL HOSPITAL
FPPE –PEDIATRIC DEPARTMENT
 PRECEPTOR REPORT
 CONFIDENTIAL REPORT

Physician Being Proctored: _____	Patient Name: _____
Medical Record #: _____	Admission Date: _____ Discharge Date: _____
Diagnosis: _____	<input type="checkbox"/> Retrospective Review <input type="checkbox"/> Direct Observation

Please Comment below for any "NO" responses.	YES	NO
1. Initial Workup: Was an adequate H&P dictated within 24 hours (which includes chief complaint, pre-illness specifics, review of systems, comprehensive current physical exam)?		
2. General Documentation: Were all orders and progress notes, signed, dated, and timed?		
3. Therapeutic Orders: Were the therapeutic orders appropriate to the specific disease being managed?		
4. Diagnostic Workup: Were the diagnostic test ordered (lab, x-ray, etc.) appropriate to the disease being managed?		
5. Consultations: Were appropriate consultations requested?		
6. Progress Notes: Were there adequate and timely progress notes at least every 24 hours (dated, timed, and signed)?		
7. Diagnosis: Was the diagnosis consistent with the findings?		
8. Discharge Plan: Did the discharge plan include documented instructions to the patient, the patient's family or the guardian?		

OVERALL PERFORMANCE:	
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory (Please explain under Comments)
	<input type="checkbox"/> Unable to Review (Please explain under Comments)
Comments: _____	

PROCTOR'S SIGNATURE _____	DATE _____
PROCTOR'S NAME (Please Print): _____	

PLEASE RETURN THE COMPLETED FORM TO THE MEDICAL STAFF SERVICES OFFICE